

PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

Maryland – Encouraging Evidence-Based Practices in Supported Employment

Issue: Employment for People with Serious Mental Illness

Summary

The State of Maryland promotes using evidence-based practices (EBP) in supported employment through a partnership between the State Mental Health Authority, the State Medicaid Agency, and the Public Vocational Rehabilitation Agency. The state provides a payment for EBP services and monitors fidelity to EBP. Training, technical assistance, and small, time-limited grants have assisted providers transitioning to EBP. More than two-thirds of Maryland's supported employment providers either have adopted EBP or are implementing these practices.

Introduction

Many people with serious mental illness have the ability and desire to work, yet employment rates for these individuals are low, with estimates ranging from 32 to 61 percent.¹ Several years of research have established an evidence-based practice (EBP) for providing supported employment for people with serious mental illness. Research suggests people receiving EBP are significantly more likely to obtain jobs at competitive market wages and to work more hours than people receiving traditional vocational services.²

People receiving EBP supported employment are more likely to obtain jobs and work more hours.

This paper describes how Maryland's State Mental Health Authority, State Medicaid Agency and Vocational Rehabilitation Agency promote EBP in supported employment. This brief was informed by interviews with state agency, provider, and university staff, as well as information on the state Web site.

¹ Mechanic, et al. "Employing Persons with Serious Mental Illness" *Health Affairs* 21: 242-253 (September/October 2002), available at <http://content.healthaffairs.org/content/vol21/issue5/>.

² See Bond, Gary R. et al. "Implementing Supported Employment as an Evidence-Based Practice" *Psychiatric Services* 52: 313-322 (March 2001), available at <http://ps.psychiatryonline.org/content/vol52/issue3/index.dtl>, and Cook, Judith "Executive Summary of Findings from the Employment Intervention Demonstration Program" 2007, available at <http://www.psych.uic.edu/eidp/eidpfindings.htm>.

Background

Supported employment is assistance in obtaining and keeping competitive employment in an integrated setting. The individual placement and support model of supported employment is one of six EBP identified in the National Implementing Evidence Based Practices Project led by Dartmouth Psychiatric Research Center and funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), the Robert Wood Johnson Foundation, and West Family Foundation. The individual placement and support model is a set of principles and practices that improve employment outcomes. This model differs from traditional vocational rehabilitation in several ways:

1. A goal of securing permanent, competitive employment for any interested participant, without screening for work-readiness
2. Job development services that identify jobs based on each individual's goals, rather than securing positions set aside for people with disabilities
3. Starting the job search when a person expresses interest, instead of using transitional employment and/or pre-employment training or counseling
4. Integrated employment and mental health services from one provider, with frequent service coordination meetings

5. Ongoing support once work begins, available with no time limits.³

Two state agencies in Maryland are promoting EBP in supported employment. The Mental Hygiene Administration (MHA) manages the Public Mental Health System, which includes both Medicaid-funded mental health services and non-Medicaid supports funded by state general funds. MHA is part of the Department of Health and Mental Hygiene, the State Medicaid agency. The Division of Rehabilitation Services (DORS) in the Maryland State Department of Education manages the Public Vocational Rehabilitation (VR) Program funded by the U.S. Rehabilitation Services Administration.

Leadership from MHA and DORS began interagency collaboration 20 years ago. The agencies established a memorandum of understanding that outlines each agency's funding responsibility for supported employment to avoid duplicative payments and ensure continuity of services (See Table 1). MHA requires supported employment providers to enroll in both systems so they can also furnish services funded by VR. This means a single provider offers the full range of employment and mental health services, consistent with the EBP model.

Intervention – Pre-Placement

Supported employment is available to people with a serious mental illness who do not have permanent, competitive employment. The person must also meet the financial and medical requirements for state-funded mental health services. Many individuals receiving supported employment also qualify for Medicaid, but it is possible for a person to qualify only for state-funded supports. The process for obtaining supported employment is described below and summarized in the box on page 3.

Consistent with the EBP model, the supported employment process starts when the person informs a provider of their interest in employment. The person may already be receiving other rehabilitative services from the

provider, or the person may have been referred to the provider by peers, family members, DORS, or other community mental health providers.

The supported employment provider first requests prior authorization from the Local Mental Health Authority. If the person meets the above criteria for supported employment services, he or she starts the pre-placement phase of the state-funded supported employment service, which includes: 1) a mental health vocational assessment to understand the participant's strengths and job preferences; 2) a discussion with an employment specialist of the risk and benefits of disability disclosure; and 3) benefits counseling to help people access work incentives to maximize income and to maintain health insurance while working. In addition, MHA pays a state-funded fee for clinical coordination between the provider's employment specialists and mental health professionals, which is part of the EBP model.

Table 1. Supported Employment (SE) and Related Services with Funding Source

Service	Agency	Funding Source
SE – pre-placement (includes assessment and benefits counseling)	MHA	State-funded
Job development	DORS	Vocational rehabilitation
SE – job placement	MHA	State-funded
SE – intensive job coaching	DORS	Vocational rehabilitation
Ongoing SE to maintain employment	MHA	State-funded
Clinical coordination for EBP SE	MHA	State-funded
Psychiatric rehabilitation	MHA	Medicaid

DORS services begin soon after the mental health vocational assessment. The assessment includes the information DORS needs to determine VR eligibility, and individuals determined eligible for supported employment in the mental health system are presumed eligible for VR services. During the assessment, the

³ A complete description of evidence-based practices and an implementation toolkit are available at <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment>.

supported employment provider asks participants for permission to refer them to DORS and to share information with DORS. After the assessment, the provider sends an e-mail to the DORS counselor that is assigned to that provider. The e-mail contains the person's record number and no identifying information. With the participant's consent, the DORS counselor may view the assessment and the treatment and rehabilitation plans in the Web-based authorization system used by MHA.

Maryland Supported Employment: Participant Steps in the Process

1. Be eligible for public mental health services
2. Express interest in employment to provider
3. Need psychiatric rehabilitation services
4. Have services prior authorized by local mental health authority
5. Receive mental health vocational assessment from provider
6. Receive other pre-placement supported employment services from provider (e.g., benefits counseling, discussion of disability disclosure)
7. Develop Individual Plan for Employment with DORS counselor
8. Pursue employment options with job development assistance from DORS and provider
9. Obtain job
10. Work with intensive job coaching assistance from provider (usually the first 90 days or less)
11. Work with less intensive supported employment assistance from provider
12. Receive psychiatric rehabilitation services, based on participant's plan, to assist in managing symptoms of mental illness and retaining employment.

The DORS counselor then reviews the assessment and develops an Individualized Plan for Employment with the participant. DORS authorizes job development services, which help a person identify an employer and a job. The provider's employment specialist and the DORS counselor contact potential employers and take participants to interviews if necessary. The mental health supported employment provider also must be a DORS vendor, helping to integrate supports from the two funding sources.

Throughout the pre-placement phase, the person may also receive Medicaid-funded

psychiatric rehabilitation if the person is eligible for Medicaid and meets medical necessity criteria. Psychiatric rehabilitation helps people develop coping and independent living skills necessary for employment. It does not include learning job tasks or assistance in finding a job. To encourage integrated services, a person receiving psychiatric rehabilitation must receive any state-funded supported employment services from his or her psychiatric rehabilitation provider.

Intervention – Post-Placement

When a person starts a job, DORS authorizes intensive job coaching, which helps the person learn and perform the job. The supported employment provider offers job coaching on or off the job site, depending on the person's preferences. To encourage job placement, MHA pays a state-funded fee when a person obtains a job in competitive employment.

After the job begins, state-funded supported employment services remain available as long as the person qualifies for public mental health services, meets medical necessity criteria, and wants assistance. To encourage EBP, Maryland pays a higher rate for the additional services required of the EBP model, such as more comprehensive rehabilitation assistance after job placement. MHA assesses providers before approving the higher rate and monitors fidelity to EBP at least annually using the Supported Employment Fidelity Scale in the toolkit developed for the National Implementing Evidence Based Practices Project.

Maryland also has a Medicaid Buy-In Program to enable people to maintain Medicaid coverage while working. Employed people who have been determined eligible for SSI or SSDI may pay a small fee for Medicaid coverage. People with disabilities with incomes up to 300% of the Federal Poverty Level and countable assets up to \$10,000 are eligible.

Implementation

Two supported employment policy changes have encouraged successful implementation of EBP. First, MHA and DORS established a braided funding mechanism where a single provider offers mental health and VR services, while the services from each funding source are

clearly defined and documented. Second, in 2001 MHA stopped funding for agency-sponsored employment, where the participant works for the provider agency. This decision was important to encourage competitive employment.

An important partner to help agencies transition to EBP is the Mental Health Systems Improvement Collaborative (MHSIC) in the University of Maryland's School of Medicine, Department of Psychiatry. The MHSIC started in 2001 with a grant from MHA to expand an existing training center and add two centers: one to promote EBP through technical assistance and consultation, and one to develop and implement evaluation studies.

MHSIC leads the training and technical assistance for providers to understand and implement EBP. Provider employees at all levels receive EBP training to encourage the integration of employment and mental health supports. To encourage attendance, professionals earn continuing education units for EBP training. Providers also receive technical assistance to form local leadership teams that include consumers, family, providers, and businesses in the transition to EBP supported employment.

A University of Maryland center helps identify EBP and help providers implement EBP.

MHSIC hired trainers who are experienced in supported employment and who are committed to implementing EBP. The trainers' field experience was particularly valuable in establishing credibility with and relating to providers. As the number of providers implementing EBP increased, MHA and MHSIC identified two EBP providers as training resource programs to add training and technical assistance capacity. MHSIC is now moving to a

training collaborative approach where multiple agencies learn together in order to more efficiently use training resources.

Initially, MHA provided time-limited grants to providers to enable them to reassign staff from billable direct service so they could receive training and technical assistance for EBP. These grants (approximately \$10,000-\$20,000) were funded by a combination of state mental health dollars, the Federal mental health block grant, and grants from Johnson & Johnson Corporation for states implementing EBP supported employment.

Impact

People receiving EBP supported employment in Maryland have a higher number of successful job placements. In Federal Fiscal Year 2006, 62% of people receiving EBP based supported employment had successful closures. During the same time period, 37% of people in other supported employment programs had successful closures. A successful closure is defined by the U.S. Rehabilitation Services Administration as 90 consecutive days in competitive, integrated employment, at or above minimum wage, with the person satisfied with his or her placement. In August 2007, 1926 people received supported employment. More than 30 of Maryland's 44 supported employment providers either have adopted or are implementing EBP.

Contact Information

For more information about Maryland's EBP in supported employment, contact Steve Reeder, Mental Hygiene Administration, at 410-402-8476 or sreeder@dhmh.state.md.us, or Christine Johnson, Division of Rehabilitation Services, at 410-554-9440 or cjohnson@dors.state.md.us. Additional information about Maryland's mental health and vocational rehabilitation services are online at <http://dhmh.state.md.us/mha/> and <http://www.dors.state.md.us/>.

Discussion Question:

Maryland had a strong partnership between mental health and vocational rehabilitation agencies. What first steps can states without a strong partnership take toward EBP supported employment?

One of a series of reports by Thomson Healthcare for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series will be available online on the CMS Web site, <http://www.cms.gov>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.